## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

09 APR -9 PM 1:15

Please type or print legibly.  NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO  I use(s) in the transaction of
1. The assumed business name which the undersigned use(s) in the transaction of business is:  **Eagle Hills Mortgage**	
2. The true name(s) and business address(es) of the elebusiness under the assumed business name:  Name  Nortsace West //c 96  14276	ntity or individual(s) doing  Complete Address  O / W. STEYE ST
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  Mortgage West //c  1519 Main 51	Secretary of State use only
ignature:	

Si **Printed Name:** Capacity/Title:

(see instruction # 8 on back of form)

IDANO SECRETARY OF STATE

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CX: 3287/CASH CT: 285392 BH: 1165211

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